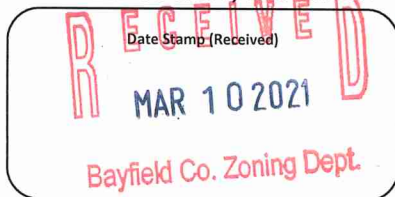


SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN



Permit #:	21-0036
Date:	3-25-21
Amount Paid:	\$125 3-10-21
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Original Application MUST be submitted

FILL OUT IN INK (NO PENCIL)

TYPE OF PERMIT REQUESTED →		<input type="checkbox"/> LAND USE		<input type="checkbox"/> SANITARY		<input type="checkbox"/> PRIVY		<input type="checkbox"/> CONDITIONAL USE		<input type="checkbox"/> SPECIAL USE		<input type="checkbox"/> B.O.A.		<input type="checkbox"/> OTHER	
Owner's Name: JEATRAM FAMILY PARTNERSHIP				Mailing Address: 9335 COUNTY HWY N				City/State/Zip: DRUMMOND, WI, 54832				Telephone: Cell Phone: 608-387-9320 Plumber Phone: 715-739-6868			
Address of Property: 9500 PIGEON LAKE RD.				City/State/Zip: DRUMMOND, WI, 54832											
Contractor:				Contractor Phone:				Plumber: DOUG MANTHEY				Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No			
Authorized Agent: (Person Signing Application on behalf of Owner(s)) TIM JEATRAM				Agent Phone: 608-387-9330				Agent Mailing Address (include City/State/Zip): 9335 COUNTY HWY N DRUMMOND, WI, 54832							
PROJECT LOCATION		Legal Description: (Use Tax Statement)						Tax ID# 35155		Recorded Document: (Showing Ownership) 475 D P. 233					
NW 1/4, SE 1/4		Gov't Lot		Lot(s)		CSM		Vol & Page		CSM Doc #		Lot(s) #		Block #	
Subdivision:															
Section 28, Township 45 N, Range 8 W				Town of: DRUMMOND				Lot Size				Acreage 30			

<input checked="" type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes---continue →	Distance Structure is from Shoreline : 150 feet	Is your Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure is from Shoreline : feet		
<input type="checkbox"/> Non-Shoreland				

Value at Time of Completion * include donated time & material \$ 30,000	Project	Project # of Stories	Project Foundation	Total # of bedrooms on property	What Type of Sewer/Sanitary System(s) Is on the property or Will be on the property?	Type of Water on property
	<input type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Basement	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Foundation	<input checked="" type="checkbox"/> 2	<input checked="" type="checkbox"/> (New) Sanitary Specify Type:	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> Slab	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type:	<input type="checkbox"/>
	<input checked="" type="checkbox"/> Relocate (existing bldg)	<input checked="" type="checkbox"/> 1-STORY	<input checked="" type="checkbox"/> BASEMENT	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property		<input type="checkbox"/> Use	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
	<input type="checkbox"/>		<input type="checkbox"/> Year Round		<input type="checkbox"/> Compost Toilet	
	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/> None	

Existing Structure: (if addition, alteration or business is being applied for)	Length:	Width:	Height:
Proposed Construction: (overall dimensions)	Length: 36'	Width: 20'	Height: 8'

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/>	Principal Structure (first structure on property)	( X )	
	<input checked="" type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	( X )	
		with Loft	( X )	
		with a Porch	( X )	
		with (2nd) Porch	( X )	
		with a Deck	( 8 X 12 )	96
<input type="checkbox"/> Commercial Use		with (2nd) Deck	( X )	
		with Attached Garage	( X )	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/>	Bunkhouse w/ ( <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	( X )	
	<input type="checkbox"/>	Mobile Home (manufactured date)	( X )	
	<input type="checkbox"/>	Addition/Alteration (explain)	( X )	
	<input type="checkbox"/>	Accessory Building (explain)	( X )	
	<input type="checkbox"/>	Accessory Building Addition/Alteration (explain)	( X )	
	<input type="checkbox"/>	Special Use: (explain)	( X )	
	<input type="checkbox"/>	Conditional Use: (explain)	( X )	
	<input type="checkbox"/>	Other: (explain)	( X )	

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): JEATRAM FAMILY PARTNERSHIP  
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date 3/6/2021

Authorized Agent:  
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date

Address to send permit

Attach  
Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

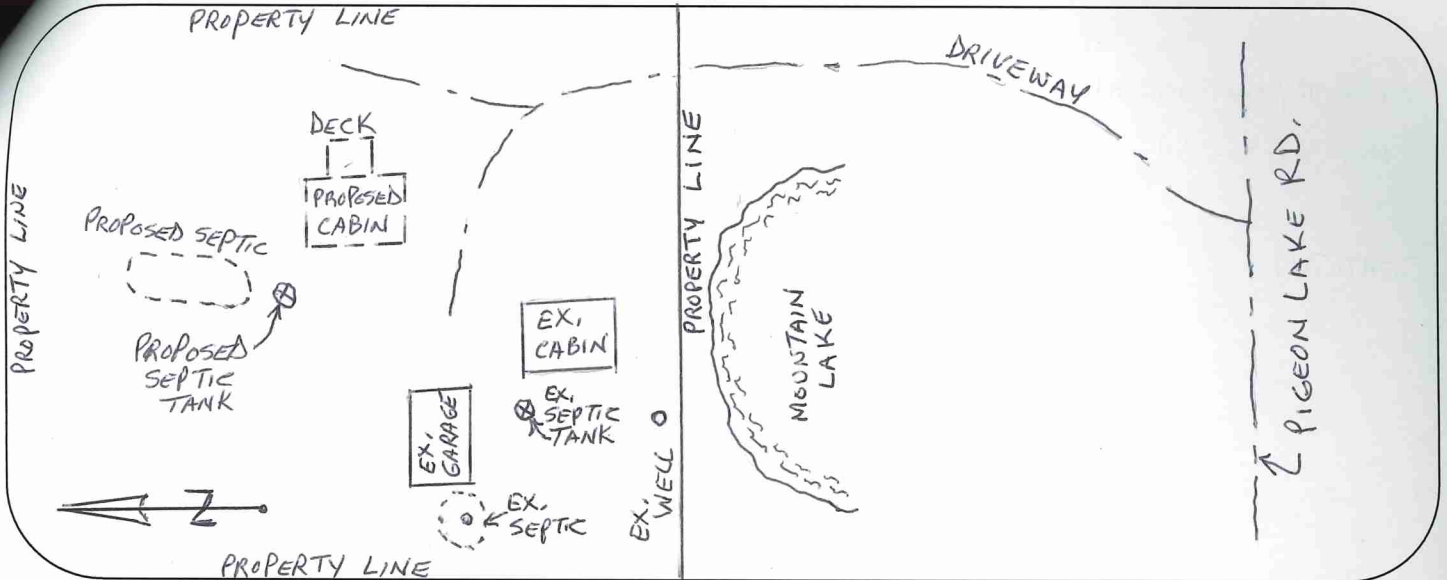
Original Application MUST be submitted



Draw or Sketch your Property (regardless of what you are applying for)

Fill Out in Ink - NO PENCIL

- Show Location of: Proposed Construction  
 Show / Indicate: North (N) on Plot Plan  
 (3) Show Location of (\*): (\* Driveway and (\*) Frontage Road (Name Frontage Road)  
 (4) Show: All Existing Structures on your Property  
 (5) Show: (\* Well (W); (\* Septic Tank (ST); (\* Drain Field (DF); (\* Holding Tank (HT) and/or (\*) Privy (P)  
 (6) Show any (\*): (\* Lake; (\* River; (\* Stream/Creek; or (\*) Pond  
 (7) Show any (\*): (\* Wetlands; or (\*) Slopes over 20%



Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Setback Measurements	Description	Setback Measurements
Setback from the Centerline of Platted Road	2700' Feet	Setback from the Lake (ordinary high-water mark)	142 Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
		Setback from the Bank or Bluff	Feet
Setback from the North Lot Line	1150 Feet		
Setback from the South Lot Line	110 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	400 Feet	20% Slope Area on the property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	580 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For the Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

<b>Issuance Information (County Use Only)</b>		Sanitary Number: 21-19S	# of bedrooms: 3	Sanitary Date: 3-25-21
Permit Denied (Date):		Reason for Denial:		
Permit #: 21-0036		Permit Date: 3-25-21		
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record) <input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #:		
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Inspection Record:		Zoning District (F-1)		
		Lakes Classification (3)		
Date of Inspection: 3/9/21	Inspected by: [Signature]	Date of Re-Inspection:		
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - (If No they need to be attached.)				
Build as proposed Get required UDC Inspections				
Signature of Inspector: [Signature]				Date of Approval: 3/24/21
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>

City, Village, State or Federal  
Permits May Also Be Required

LAND USE - **X**  
SANITARY - **21-19S**  
SIGN -  
SPECIAL - **Class A**  
CONDITIONAL -  
BOA -

# BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION

No. **21-0036** Issued To: **Jeatran Family Partnership**

Location: **NW** ¼ of **SE** ¼ Section **28** Township **45** N. Range **8** W. Town of **Drummond**

Gov't Lot	Lot	Block	Subdivision	CSM#
-----------	-----	-------	-------------	------

For: **Residential Use: [ - Story; Residence (36' x 20') = 720 sq. ft.; Porch (8' x 12') = 96 sq. ft. ]**

**(Disclaimer):** Any future expansions or development would require additional permitting.

**Condition(s):** **Build as proposed, get required UDC permits.**

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed

or if any prohibitory conditions are violated.

**Tracy Pooler**

Authorized Issuing Official

**March 25, 2021**

Date



SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN

RECEIVED  
MAR 12 2021

Bayfield Co.  
Planning and Zoning Agency

Permit #:	21-0039
Date:	3-30-21
Amount Paid:	\$175 3-12-21
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Original Application MUST be submitted

FILL OUT IN INK (NO PENCIL)

TYPE OF PERMIT REQUESTED →		<input checked="" type="checkbox"/> LAND USE		<input type="checkbox"/> SANITARY	<input type="checkbox"/> PRIVY	<input type="checkbox"/> CONDITIONAL USE	<input type="checkbox"/> SPECIAL USE	<input type="checkbox"/> B.O.A.	<input type="checkbox"/> OTHER
Owner's Name: <u>RACHAEL QUINOT</u>		Mailing Address: <u>323 N. WILSON AVE</u>		City/State/Zip: <u>JEFFERSON, WI 53549</u>		Telephone: <u>920-988-7525</u>		Cell Phone:	
Address of Property: <u>47980 BLUE MOON RD</u>		City/State/Zip: <u>DELMAR, WI 54832</u>							
Contractor:		Contractor Phone:		Plumber:		Plumber Phone:			
Authorized Agent: (Person Signing Application on behalf of Owner(s)) <u>KEAL HASTORSKY</u>		Agent Phone: <u>715-580-0157</u>		Agent Mailing Address (include City/State/Zip): <u>14295 MCNAULT RD CABLE, WI 54821</u>		Written Authorization Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
PROJECT LOCATION <u>NW 1/4, NE 1/4</u>		Legal Description: (Use Tax Statement)		Tax ID# <u>37560</u>		Recorded Document: (Showing Ownership) <u>2020L 58535</u>			
Gov't Lot		Lot(s)		CSM Vol & Page <u>1990 11, 368</u>		CSM Doc #		Lot(s) # Block #	
Section <u>30</u> , Township <u>44</u> N, Range <u>07</u> W		Town of: <u>DELMAR</u>		Lot Size		Acreage <u>2.430</u>			

<input type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes---continue →	Distance Structure is from Shoreline : _____ feet	Is your Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure is from Shoreline : _____ feet		
<input type="checkbox"/> Non-Shoreland				

Value at Time of Completion * include donated time & material	Project	Project # of Stories	Project Foundation	Total # of bedrooms on property	What Type of Sewer/Sanitary System(s) Is on the property or Will be on the property?	Type of Water on property
\$ _____	<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Basement	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Foundation	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> Slab	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: <u>CONVENTIONAL</u>	<input type="checkbox"/>
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property		<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
	<input checked="" type="checkbox"/> RENTAL		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet	
				<input type="checkbox"/> None		

Existing Structure: (if addition, alteration or business is being applied for)	Length: <u>24</u>	Width: <u>20</u>	Height: <u>12</u>
Proposed Construction: (overall dimensions)	Length: _____	Width: _____	Height: _____

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Residential Use	<input type="checkbox"/>	Principal Structure (first structure on property)	( X )	
	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	( X )	
		with Loft	( X )	
		with a Porch	( X )	
		with (2nd) Porch	( X )	
<input type="checkbox"/> Commercial Use		with a Deck	( X )	
		with (2nd) Deck	( X )	
		with Attached Garage	( X )	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/>	Bunkhouse w/ ( <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	( X )	
	<input type="checkbox"/>	Mobile Home (manufactured date) _____	( X )	
	<input type="checkbox"/>	Addition/Alteration (explain) _____	( X )	
	<input type="checkbox"/>	Accessory Building (explain) _____	( X )	
	<input type="checkbox"/>	Accessory Building Addition/Alteration (explain) _____	( X )	



Stamp Here)

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

In the box below: **Draw or Sketch your Property** (regardless of what you are applying for)

Fill Out in Ink – **NO PENCIL**

- (1) Show Location of: **Proposed Construction**  
(2) Show / Indicate: **North (N) on Plot Plan**  
(3) Show Location of (\*): **(\*) Driveway and (\*) Frontage Road (Name Frontage Road)**  
(4) Show: **All Existing Structures on your Property**  
(5) Show: **(\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)**  
(6) Show any (\*): **(\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond**  
(7) Show any (\*): **(\*) Wetlands; or (\*) Slopes over 20%**

SEE ATTACHED

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) **Setbacks:** (measured to the closest point)

Description	Setback Measurements	Description	Setback Measurements
Setback from the Centerline of Platted Road	85 Feet	Setback from the Lake (ordinary high-water mark)	N/A Feet
Setback from the Established Right-of-Way	52 Feet	Setback from the River, Stream, Creek	N/A Feet
		Setback from the Bank or Bluff	N/A Feet
Setback from the North Lot Line	85 Feet		
Setback from the South Lot Line	160 Feet	Setback from Wetland	N/A Feet
Setback from the West Lot Line	52 Feet	20% Slope Area on the property	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	540 Feet	Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	20 Feet	Setback to Well	20 Feet
Setback to Drain Field	30 Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

**NOTICE:** All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For the Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

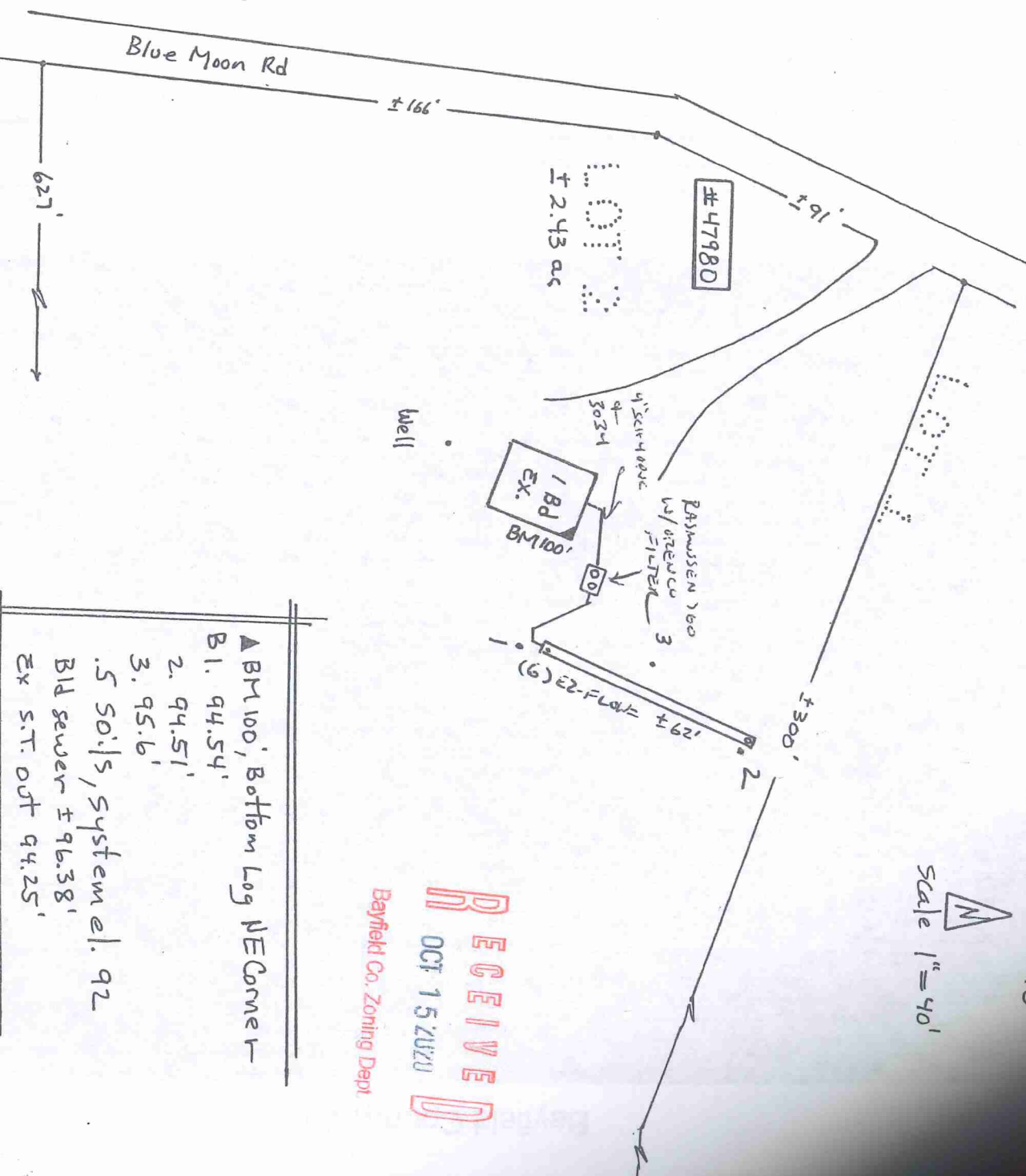
You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

<b>Issuance Information (County Use Only)</b>		Sanitary Number: <u>20-185 S</u>	# of bedrooms: <u>1</u>	Sanitary Date: <u>10/22/20</u>
Permit Denied (Date):		Reason for Denial:		
Permit #: <u>21-0039</u>		Permit Date: <u>3-30-21</u>		
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #:		
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Inspection Record:		Zoning District <u>(R-2B)</u> Lakes Classification <u>(N/A)</u>		
Date of Inspection: <u>3/25/21</u>	Inspected by: <u>[Signature]</u>	Date of Re-Inspection:		
Condition(s): <u>Town, Committee or Board Conditions Attached?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No – (If No they need to be attached.) <u>Occupancy of 1 Bedroom/sleeping area</u> <u>Get + Maintain Public Health Licensure + TOWN Room Taxes</u>				
Signature of Inspector: <u>[Signature]</u>				Date of Approval: <u>3/29/21</u>
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>

Owner:  
 Antonio J. Pasin  
 47980 Blue Moon Rd  
 Drummond, WI 54832  
 312-881-0114

Legal:  
 Bayfield Co., Drummond Twp  
 Tax ID 37560  
 NW/NE S30 T44 R07W  
 Lot 2 CSN 11/368 # 1990

Scale 1"=40'



**RECEIVED**  
 OCT 15 2020

Bayfield Co. Zoning Dept

▲ BM 100', Bottom Log NE Corner  
 B1. 94.54'  
 2. 94.51'  
 3. 95.6'  
 .5 50'ls, system el. 92  
 Bld sewer  $\pm 96.38'$   
 Ex S.T. out 94.25'



own, City, Village, State or Federal  
Permits May Also Be Required

LAND USE – **X**  
SANITARY – **20-185S**  
SIGN –  
SPECIAL – **Class A**  
CONDITIONAL –  
BOA –

# BAYFIELD COUNTY

# PERMIT

WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION

No. **21-0039** Issued To: **Rachel Gwidt / Karl Kastrosky, Agent**

Location: **NW** ¼ of **NW** ¼ Section **30** Township **44** N. Range **7** W. Town of **Drummond**

Gov't Lot                      Lot **2**                      Block                      Subdivision                      CSM# **1990**

For: **Residential Other: [ 1- Story; 1 – Unit; Short-term Rental ]**

**(Disclaimer):** Any future expansions or development would require additional permitting.

**Condition(s):** **Occupancy of 1 bedroom / sleeping area. Get and maintain Public Health License and Town Room Taxes.**

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed

or if any prohibitory conditions are violated.

**Tracy Pooler**

Authorized Issuing Official

**March 30, 2021**

Date